

PETITION TO APPEAL SELECTION PROCESS (RULE X)

This form must be filled out completely and filed with the Commission Office in order for Commission staff to begin processing your complaint. This form is to be used solely for the purpose of filing a Rule X, Selection Process Appeal. If you need additional space to answer questions 1-3, please attach sheets and number accordingly. Please contact Commission staff at 619-531-5751 if you have any questions.

APPELLANT(S): _____
NAME (Print)

ADDRESS: _____

TELEPHONE NOS. Home: _____ Work: _____ Cell: _____

If County employee, state current class title and employing department _____

Appellant is: ☐ Representing Self
☐ Will be represented by: _____
NAME

Address and Telephone No. _____

Title of Examination _____

Date of Examination _____

☐ Open Examination ☐ Promotional examination

Are you on an Eligible List? _____ If so, which list? _____

Specify Charter Section(s) or Rule(s) violated: _____

Date you were informed of decision/process being appealed: _____

1. What occurred? Give specific facts, dates, and reasons for this appeal. _____

2. In what way has this harmed you? _____

3. What remedy, within the authority of the Civil Service Commission, do you seek?

Dated: _____

Signature

Send completed form to:
Civil Service Commission
1600 Pacific Highway, Room 458 (M.S. A-209)
San Diego, CA 92101
Fax: (619)685-2422